

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>m G</i>		<i>11/1/99</i>
O.I.P.E. CLASSIFIER	<i>1</i>	<i>2</i>	<i>11/1</i>
FORMALITY REVIEW	<i>1</i>	<i>65202</i>	<i>11-25-99</i>

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
☐ (Through numeral) Canceled
☐ Restricted
☐ Non-elected
☐ Interference
☐ Appeal
☐ Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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